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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing ☐ Declaration Submitted after Initial Filing

Attorney Docket Number

SERVIER 398 PCT

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

New crystalline form of perindopril tert-butylamine salt

(Title of the invention)

the specification of which

☐ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)

07/06/2001

as United States Application Number or PCT International

Application Number

PCT/FR01/02169

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
00.08791	FRANCE	07.06.2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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PTO/SB/01 (8-96)  
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## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.


Direct all correspondence to:

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Bruno	Middle Initial		Family Name	PFEIFFER	Suffix e.g. Jr.	
Inventor's Signature					Date	12/13/2002	
Residence: City	Saint Leu La Forêt (France)	State	FR	Country	FRANCE	Citizenship	FR
Post Office Address	47, rue Ernest renan						
Post Office Address							
City	Saint Leu La Forêt	State	FR	Zip	95320	Country	FRANCE

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Yves-Michel	Middle Initial		Family Name	GINOT	Suffix e.g. Jr.	
Inventor's Signature	Yves-Michel GINOT				Date	12/13/2002	
Residence: City	ORLEANS (France)	State	FR	Country	FRANCE	Citizenship	FR
Post Office Address		8, quai Saint Laurent					
Post Office Address							
City	ORLEANS	State	FR	Zip	45000	Country	FRANCE
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Gérard	Middle Initial		Family Name	COQUEREL	Suffix e.g. Jr.	
Inventor's Signature	Gérard Coquerel				Date	12/13/2002	
Residence: City	BOOS (France)	State	FR	Country	FRANCE	Citizenship	FR
Post Office Address		192, rue de l'Eglise					
Post Office Address							
City	BOOS	State	FR	Zip	76520	Country	FRANCE
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Stéphane	Middle Initial		Family Name	BEILLES	Suffix e.g. Jr.	
Inventor's Signature	Stéphane Beilles				Date	12/13/2002	
Residence: City	DIJON (France)	State	FR	Country	FRANCE	Citizenship	FR
Post Office Address		2, rue Jules Ferry					
Post Office Address		Bâtiment G					
City	DIJON	State	FR	Zip	21000	Country	FRANCE
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							